

STATE OF HAWAII
STATE PROCUREMENT OFFICE
REGISTRATION STATEMENT
OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY
(CHAPTER 103F, HRS)

1. APPLICANT INFORMATION:

Legal Name: _____

DBA: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS STATEMENT:

Name: _____

Title: _____

Phone: _____ Fax: _____

e-mail: _____

3. ADDRESS:

Street Address:

Mailing Address:

4. TYPE OF BUSINESS ENTITY:

- ☐ NON PROFIT CORPORATION
☐ FOR PROFIT CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP

5. GEOGRAPHIC AREA(S) APPLICANT IS INTERESTED IN SERVING:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> EAST HAWAI'I | <input type="checkbox"/> KAUAI |
| <input type="checkbox"/> WEST HAWAI'I | <input type="checkbox"/> LEEWARD O'AHU |
| <input type="checkbox"/> MAUI | <input type="checkbox"/> CENTRAL O'AHU |
| <input type="checkbox"/> MOLOKA'I | <input type="checkbox"/> WINDWARD O'AHU |
| <input type="checkbox"/> LANA'I | <input type="checkbox"/> HONOLULU |

6. GENERAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN: 0-3 YEARS OF AGE
☐ CHILDREN: 3-5 YEARS OF AGE
☐ CHILDREN: 5-10 YEARS OF AGE
☐ CHILDREN: 10-12 YEARS OF AGE
☐ ADOLESCENTS: 12-18 YEARS OF AGE
☐ ADOLESCENTS AND ADULTS: 18-21 YEARS OF AGE
☐ ADULTS: 21-59+ YEARS OF AGE
☐ ELDERS: 60+ YEARS OF AGE
☐ FAMILIES
☐ OTHER _____

7. SPECIAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN WITH SPECIAL NEEDS UNDER THE AGE OF 3
☐ CHILDREN WITH SPECIAL NEEDS OVER THE AGE OF 3
☐ INCARCERATED YOUTH
☐ ADJUDICATED YOUTH RESIDING IN THE COMMUNITY
☐ CHILDREN AND ADOLESCENTS IN NEED OF MENTAL HEALTH SERVICES
☐ CHILDREN WHO HAVE BEEN HARMED OR ARE THREATENED WITH HARM AND THEIR FAMILIES
☐ SERIOUSLY MENTALLY ILL ADULTS
☐ PERSONS WITH DEVELOPMENTAL DISABILITIES/MENTAL RETARDATION
☐ INCARCERATED ADULTS
☐ ADULTS UNDER THE SUPERVISION OF THE COURTS
☐ DEPENDANT OR DISABLED ADULTS OVER THE AGE OF 18
☐ IMMIGRANTS/REFUGEES
☐ OTHER _____

STATE PROCUREMENT OFFICE
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(CHAPTER 103F, HRS)

WHEREAS, the undersigned provider of health and human services (the "Provider") is interested in competing for contracts awarded by the State of Hawai'i (the "State") for the provision of health and human services to Hawai'i residents, and desires to make this Registration Statement of Provider Responsibility ("Statement") in an effort to help promote greater efficiency in the competitive purchase of service procurement process pursuant to chapter 103F, HRS; and

WHEREAS, this Statement covers only general factors governing the responsibility of providers, and individual state agencies may have more or less stringent requirements for establishing the responsibility of providers;

NOW, THEREFORE, the Provider makes the following statements and representations as evidence of the Provider's responsibility, compliance with applicable law, and sound business practices:

1. Tax Clearance Certificate. The Provider has obtained, or will obtain before any award of a contract to the Provider, a tax clearance certificate for both federal and state taxes.
2. Liability Insurance. The Provider has obtained, or will obtain before any award of a contract to the Provider, liability insurance in the amount of at least one million dollars (\$1,000,000).
3. Discrimination. The Provider is in compliance with all applicable federal, state, and county laws forbidding discrimination, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
4. Persons with Disabilities. The Provider is in compliance with all applicable federal, state, and county laws governing the treatment of persons with disabilities, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
5. Smoking. The Provider is in compliance with Chapter 328K, HRS, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
6. Drug-Free Workplace. The Provider is in compliance with the Drug Free Workplace Act of 1988, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
7. Licenses and Permits. The Provider has all licenses, certifications, and permits required by applicable federal, state, and county law in order to conduct the Provider's business, and shall maintain such licenses, certifications, and permits throughout the term of any contract awarded to the Provider by the State.

State Procurement Office
1151 Punchbowl Street, #230-A
Honolulu, Hawaii 96813

**Instructions for the
Registration Statement
of Health and Human Service Provider Responsibility
(Chapter 103F, HRS)**

There are two requirements to register with the State Procurement Office:

1. Complete, sign and submit Form SPO-H 100A, Registration Statement of Health and Human Service Provider Responsibility. (See some quick tips about completing the form.)
The completed form should be sent to the State Procurement Office, Health & Human Services Section at:
1151 Punchbowl St., #230A
Honolulu, HI 96813
2. Applicants must be registered and in good standing with the Hawaii Department of Commerce and Consumer Affairs (DCCA). The State Procurement Office checks good business standing with the DCCA by checking their website at <http://www.ehawaii.gov.org/dcca/cogs/exe/cog.cgi>. Please check the DCCA Business Registration-Certificate of Good Standing website before submitting your Form SPO-H-100A. If you are not registered with the DCCA, you may contact the Business Registration Division of the DCCA at (808) 586-2727 or check their website at: <http://www.BusinessRegistrations.com/>.

Exception:

Sole Proprietorships/Individuals- Sole proprietorships are not required to register with the DCCA.

**Tips About Completing Form SPO-H-100A,
Registration Statement of Health and Human Service Provider Responsibility**

This form is fairly self explanatory.

Item	Title	Instructions/Explanation
1	Applicant Information	The "Legal Name" is the legal name of the business entity of the private provider. For sole proprietorships it is the sole proprietors legal name. "DBA" means doing business as. Sometimes a business is known by a name other than it's legal name.
2	Contact person	This is a person who can answer any questions about the business. The contact person for a business/private provider must not be state personnel with whom you conduct business.
3	Address	The "Business Address" is where the business is physically located. The "Mailing Address" is where all mail to the business should be sent. Sometimes the addresses are

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		different.
4	Business entity	Check the appropriate business entity for your business.
5 6 7	Geographic Area, General Population, Special Population	Select all the choices that are appropriate for your business. This is for information only. Should you later decide you wish to serve a geographic area or population that you did not select, it will not keep you from competing for such contracts.
Pages 2-3		This is for your information should you compete for and be awarded a contract. The items listed (such as tax clearance and certificate of insurance) will be required at the time of the solicitation or contracting by the purchasing agency. (Check with the purchasing agency as to when they are required.) Do not send those items to the State Procurement Office. You only need to send the completed Form SPO-H-100A (3 pages) to the State Procurement Office.
Page 3	Signature	If you are applying as individual/sole proprietor complete the side marked "Individual." All other business should complete the side marked "Organizations."

Questions or comments? Contact:
Mara Smith at 808.587.4704 or mara.smith@hawaii.gov or
Corinne Higa at 808.587.4706 or corinne.y.higa@hawaii.gov.

Our website is:
<http://www.spo.hawaii.gov>
Click on Procurement of Health and Human Services